



**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

**ELECTRONIC CASE FILING LIVE SYSTEM
LIMITED ACCESS PASSWORD APPLICATION**

Part II. Terms and Agreement

1. I will employ the Electronic Case Filing System for cases filed in the United States Bankruptcy Court for the Eastern District of New York. I understand that receipt of a password and access to the ECF system for the United States Bankruptcy Court, Eastern District of New York, is contingent upon my completing this Limited Access Password Application.
2. I understand that I will receive a Limited Access Password and be permitted to file [certain documents](#). The court reserves the right to add or subtract limited access docketing options as deemed necessary.
3. I will meet all hardware and software requirements disseminated by the court for system use. I understand that the current minimum requirements for filing documents over the Internet are: a personal computer running Apple OSX, Windows 10/8/7, an Internet provider using dial-up or broadband; Mozilla Firefox, Microsoft Internet Explorer; or Apple Safari; Adobe Acrobat to convert word processor formatted documents to portable document format (PDF); and a document scanner. A PACER login and password are needed to view and print documents from this system and can be obtained by calling the PACER Service Center at 1-800-676-6856 or by visiting its website at <https://www.pacer.gov/>.
4. Each use of my password for filing documents will meet the requirements of Federal Rule of Civil Procedure 11, Federal Rule of Bankruptcy Procedure 9011, and E.D.N.Y. Local Bankruptcy Rule 9011-1. I will not submit any document on behalf of any company or firm without the express authorization of the individual whose signature appears on the document to be filed.

I agree to protect and secure the confidentiality of my password. Therefore, if I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the court in writing. Moreover, it is my responsibility to immediately electronically update any change in my company affiliation, addresses, telephone, fax, or e-mail address.

5. In compliance with the [Electronic Filing Procedures General Order #559](#), I understand that no exhibit to an electronically filed document, other than a proof of claim, is to exceed 20 pages. When filing a proof of claim, I will place the entire claim on the docket, including multiple exhibits where necessary.
6. I agree to maintain a hard (paper) copy of the originally executed claim or document, and/or original exhibits for two years after the entry of a final order terminating the case or proceeding to which the document relates. On request of the court, the filer must provide original documents for review.
7. I understand that I am responsible for ensuring that the name and address entered in the ECF system match the creditor information on the document.
8. I understand that the issuance of a password to me does constitute a waiver of conventional service pursuant to the court's [Electronic Filing Procedures General Order #559](#).
9. I understand that I will be required to pay for all fee-related filings by midnight of the day of filing, and that any failure to pay the fees due may result in revocation of my ECF password.
10. I understand that my supervisor will contact the Court to terminate my ECF account in the event that I am no longer employed by a current employer. Additionally, I understand that notarization and the signature of my supervisor or authorized officer are required as indicated below.

Notary Public

State of _____

County of _____

Sworn before me this day _____ of _____, 2018

Notary Public

Signature of Supervisor of Applicant or Authorized Officer

I, _____, am the supervisor or authorized officer of the applicant at the applicant's place of employment. I affirm that the applicant seeks a password for work-related reasons. I understand that it is my responsibility to contact the Court in writing in the event that the applicant no longer is an employee.

Signature of Supervisor or Authorized Officer

Job Title_____

Company Name_____

Telephone#_____

Email Address_____